

AO 435 (Rev. 03/08)		Administrative Office of the United States Courts			FOR COURT USE ONLY	
<b>TRANSCRIPT ORDER</b>						<b>DUE DATE:</b>
<i>Please Read Instructions:</i>						
1. NAME <i>David Strachman</i>		2. PHONE NUMBER <i>701 351-7700</i>		3. DATE <i>4/20/08</i>		
4. MAILING ADDRESS <i>321 South Main St</i>		5. CITY <i>Provo</i>		6. STATE <i>UT</i>	7. ZIP CODE <i>84603</i>	
8. CASE NUMBER <i>00-105</i>		9. JUDGE <i>C. Lewis</i>		DATES OF PROCEEDINGS		
10. FROM <i>4/1/08</i>		11. TO				
12. CASE NAME <i>Ungar v PLO/PA</i>						LOCATION OF PROCEEDINGS
13. CITY <i>RI</i>		14. STATE				
15. ORDER FOR						
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT		<input type="checkbox"/> BANKRUPTCY
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)						
PORTIONS		DATE(S)		PORTION(S)		DATE(S)
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)		
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)						
<input type="checkbox"/> OPENING STATEMENT (Defendant)						
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specify)		
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)						
<input type="checkbox"/> OPINION OF COURT						
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)		
<input type="checkbox"/> SENTENCING				<i>Oral Argument</i>		<i>4/4/08</i>
<input type="checkbox"/> BAIL HEARING						
17. ORDER						
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS	
					NO. OF COPIES	
ORDINARY	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
14-Day	<input type="checkbox"/>	<input type="checkbox"/>				
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>				
DAILY	<input type="checkbox"/>	<input type="checkbox"/>				
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>				
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>				
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	0.00	
18. SIGNATURE				PROCESSED BY		
19. DATE <i>4/20/08</i>				PHONE NUMBER		
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS		
ORDER RECEIVED		DATE	BY			
DEPOSIT PAID				DEPOSIT PAID		
TRANSCRIPT ORDERED				TOTAL CHARGES	0.00	
TRANSCRIPT RECEIVED				LESS DEPOSIT	0.00	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	0.00	

DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY